



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>201258</u>	NAME OF AGENCY <u>HIGGINSVILLE P.D.</u>	DATE OF INSPECTION <u>12/30/2012</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1922 MAIN HIGGINSVILLE</u>		TIME OF INSPECTION <u>2237</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>12/30/2012 2237</u>
<input checked="" type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	

<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>12040</u> EXP. DATE <u>03/07/2014</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD 2672</u> EXP. DATE <u>03/02/2011</u>
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<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
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TEST 1 <u>.104</u>	TEST 2 <u>.104</u>	TEST 3 <u>.103</u>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>2</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

BAC DATAMASTER OPERATING WITHIN DHSS STANDARDS

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME <u>SHAW DAVENPORT</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>210056 04/27/2013</u>	TELEPHONE NUMBER <u>(660) 584-2104</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12040** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1211%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

BAC DataMaster Evidence Ticket

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SECRET

2021年12月20日

「これは、日本の「新日本主義」の代表者である。彼が「新日本主義」の代表者であることは、彼の著書『新日本主義』(1937)の序文に明記されている。彼は、この著書の中で、日本の「新日本主義」の代表者であることは、彼の著書『新日本主義』(1937)の序文に明記されている。」

Operator Signature

BAC DataMaster Evidence Ticket

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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (○), 10⁷ cells/ml (□), 10⁸ cells/ml (△), 10⁹ cells/ml (◇), and 10¹⁰ cells/ml (×). The error bars represent the standard deviation of three independent experiments.

Figure 1. The effect of the number of trials on the number of correct responses.

Figure 1

Figure 1

Diagram illustrating the relationship between the number of subjects (N) and the number of groups (G). The diagram shows a large circle labeled N containing several smaller circles labeled G .

Figure 2. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies obtained on the selective medium. The results are the mean of three independent experiments. Error bars represent the standard deviation.

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

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Operator Signature

2208-0

2208-02

Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
HARRISONVILLE POLICE DEPARTMENT

BARO OXYGENATOR SERIAL NUMBER 201239
12/20/12

REPORT TIME: 02:45
SUBJECT NAME:
DUCK/DREFFY
DOB: 01/02/38 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
DRIVEPORT/SHRAN/0
OFFICER I.D.: 406
TESTING OFFICER:
SAME
OFFICER I.D.: 406
PERMIT NUMBER: 010055
EXPIRATION DATE: 06/27/13
MISCELLANEOUS DATA:
REF

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:12
INTERNAL STANDARD	VERIFIED	23:12
WIND INTERFERENCE		

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
HARRISONVILLE POLICE DEPARTMENT

BARO OXYGENATOR SERIAL NUMBER 201239
12/20/12

REPORT TIME: 22:45
SUBJECT NAME:
DUCK/DREFFY
DOB: 01/02/38 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
DRIVEPORT/SHRAN/0
OFFICER I.D.: 406
TESTING OFFICER:
SAME
OFFICER I.D.: 406
PERMIT NUMBER: 010055
EXPIRATION DATE: 06/27/13
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:16
INTERNAL STANDARD	VERIFIED	23:16
SUBJECT SAMPLE	.100	23:16
BLANK TEST	.000	23:17

Operator Signature



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